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THE NEWSWEEKLY FOR PHARMACY

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Clothier seeks  
new body to  
control rural  
dispensing

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Boots before  
Statutory  
Committee for  
diary entry

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Another good  
year for NI  
health centre

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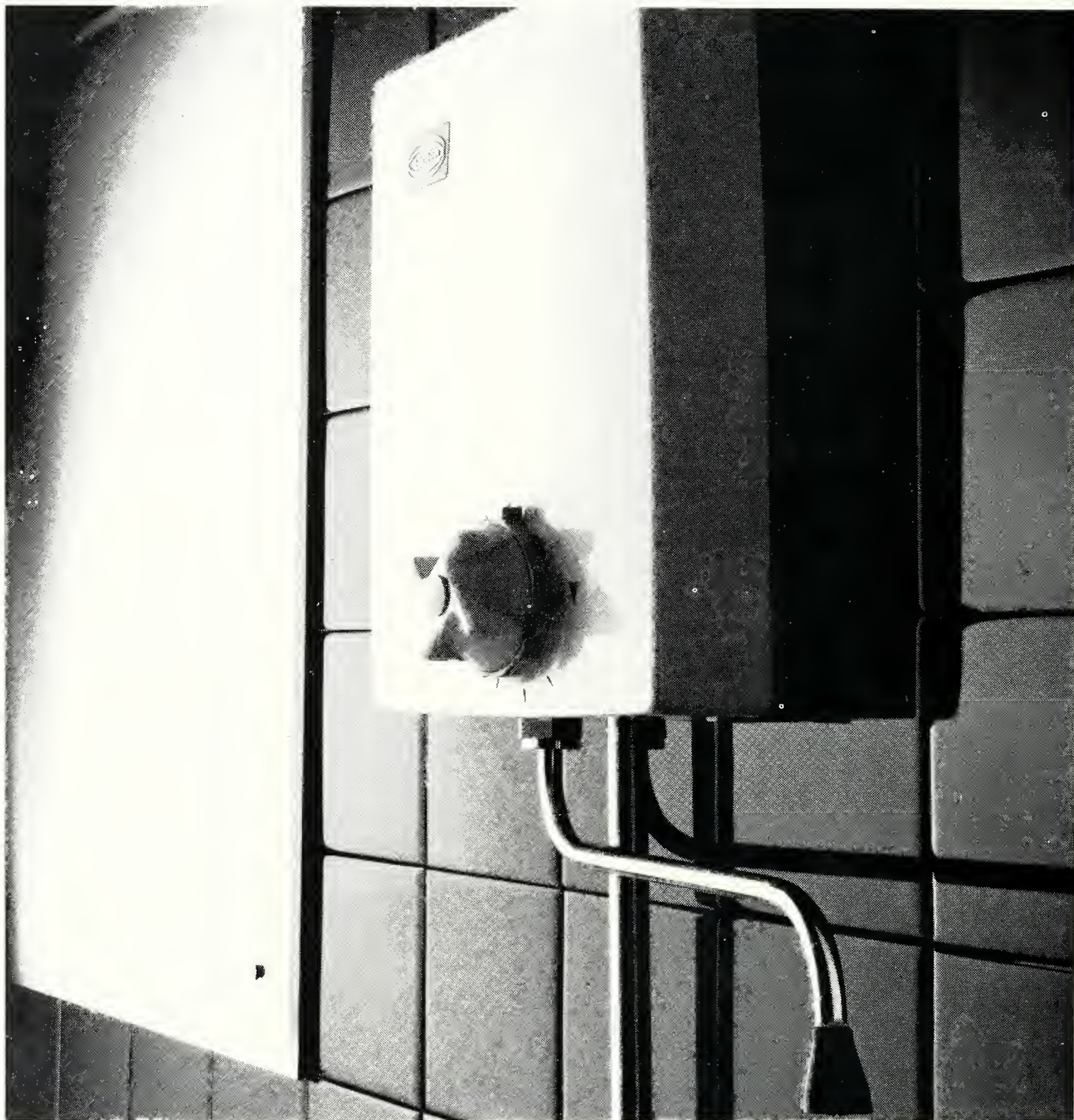
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New PSGB  
Fellows

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# Chemist & Druggist

The newsweekly for pharmacy

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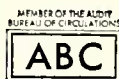
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# Comment

## Clothier compromise

As expected, the Clothier Committee's recommendations on rural dispensing—published in its report this week (see page 856)—are hardly world-shattering. But it has taken two years for the Committee to come to an agreement acceptable to both pharmacists and doctors and, under the circumstances, the report could hardly have been anything other than a compromise.

The main recommendation is that a National Joint Committee, with doctor, pharmacist and lay members, should be set up with legal powers to control dispensing in rural areas. In effect, it appears that the present "standstill" would continue indefinitely. The main problem in recent years has been sudden changes in rural dispensing arrangements; pharmacists have suffered severe losses to doctors and, equally, doctors fear the loss of income resulting from a pharmacy opening. The NJC would act to reduce the problems caused by such changes.

Obviously the report is not all pharmacy would wish for. Those likely to be most disappointed are pharmacists whose businesses have been made unviable by doctor dispensing in the past. Those pharmacists most pleased will be the ones now threatened by doctors wishing to start dispensing. And pharmacists on town fringes would have some means of retrieving dispensing rights in areas which are no longer rural in character. In the past, Family Practitioner Committee administrators have been reluctant to re-designate areas as no longer rural because doctors' rural practice payments would have been affected.

The NJC would need to approve any proposal to start NHS dispensing in a rural area at a pharmacy. This illustrates the vital importance of ensuring that no more rural pharmacies are allowed to close. Once a pharmacy stops dispensing, restarting would not necessarily be automatic. The Pharmaceutical Services Negotiating Committee and Local Pharmaceutical Committees clearly have a duty to maintain these pharmacies by all possible means.

The NJC's success will depend on its members. Its aim would be to make detached and impartial decisions and build up a "caselaw" to ensure consistency while producing the right solutions for the individual areas concerned. The committee's standing should be unquestionable, with the lay members having a wide understanding of the problems involved and no personal axes to grind.

In a preface to the report, the chairman, Mr Justice Clothier, says, "The government of a civilised country may be viewed as a series of compromises in which personal liberty is balanced against community interest . . . some personal freedoms have had to be exchanged for common advantage". As this compromise is probably the best solution the professions can expect at the moment, we support Mr David Coleman, a member of the Committee who answers questions on the report on page 858, in hoping that the proposals are accepted without delay. For at the centre of it all is, to quote the chairman again, "the man in the country lane who from time to time suffers an illness medicine may relieve." When both professions no longer regard each other as a threat they may be prepared to work together for the patients' good, with doctors realising how much the patient benefits from a pharmacy's total service.



# New body to control rural dispensing?

The National Joint Committee on Rural Dispensing (Clothier Committee) has recommended that a new statutory body should be set up to regulate significant changes in dispensing arrangements in rural areas.

In its report published this week, the Committee suggests that such a body would be independent of the Department of Health and would include three doctors, three pharmacists and three lay members with a lay chairman. "Unfettered by fixed criteria" the National Joint Committee would decide whether a pharmacy could open or a doctor be allowed to start dispensing in a particular area, after considering the interests of doctors, pharmacists and patients involved. The viability of local pharmacies and the significance of dispensing to the viability of medical practices would be taken into account when deciding the best arrangements.

## Clothier Committee's proposals

The following is a summary of the Clothier Committee's proposals:

1. A national statutory body (NJC) should be established to regulate significant changes in dispensing arrangements in rural areas.
2. The NJC members, appointed by the Secretary for Social Services, should comprise three doctors nominated by the General Medical Services Committee, three pharmacists nominated jointly by the Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee, three lay members and a lay chairman.
3. The following changes should always require the NJC's approval—any proposal to start NHS dispensing in a rural area at a pharmacy; any proposal to start NHS dispensing in a rural area by a medical practice (other than for patients qualifying under Regulation 30(1)(a) (serious difficulty)); any proposal by a dispensing medical practice to provide an NHS dispensing service (other than for serious difficulty patients) in an area where the practice has not previously dispensed; any proposal referred to the NJC by the dispensing sub-committee of an FPC.
4. FPCs should establish dispensing sub-committees, with a prescribed membership, to deal with dispensing arrangements in rural areas.
5. Changes which should initially be con-

The Committee believes that the present "standstill" on rural dispensing, due to end April 10, 1978, has been observed successfully and it recommends that the professions operate a similar agreement until the proposals can be implemented.

Other recommendations are that the professions should consider whether a pharmacist should be able to "buy out" a doctors' dispensing business or *vice versa*, to achieve a satisfactory service and that the Department should consider adjusting remuneration of a pharmacy owner or doctor if it would facilitate a change in dispensing arrangements.

The report will now be considered by the General Medical Services Committee, the Pharmaceutical Society's Council and the Pharmaceutical Services Negotiating Committee, who will decide whether to accept the proposals and make a joint approach to submit the necessary legislation to Parliament.

considered by such dispensing sub-committees should include—any proposal to re-locate a pharmacy on the FPC's pharmaceutical list near its present location; any proposal to transfer patients from the prescribing list to the dispensing list of the same or another medical practice without a change of patient's address. If the dispensing sub-committee or the members appointed by the Local Medical Committee or Local Pharmaceutical Committee consider the proposal would involve a significant change in dispensing arrangements the sub-committee should refer the proposal to the NJC. If the proposal is not considered to involve a significant change the matter would be for decision by the sub-committee.

6. The following changes would not require the approval of the NJC or the FPC's dispensing sub-committee—the inclusion in an FPC's pharmaceutical list of a new owner of an existing pharmacy; dispensing by a successor or a new partner in a medical practice for those patients already included in the practice's dispensing list; the addition to the dispensing list of a medical practice of new patients who move into an area where the practice provides a dispensing service.

7. There should be provision for the Local Medical Committee or the Local Pharmaceutical Committee to appeal to the NJC against the decision of an FPC on

whether an area is rural in character for the purpose of Regulation 30(1)(b). The Committee believes the question of whether an area is rural in character should be considered on its own merits and not depend on the Rural Practice Fund classification whereby doctors claim extra payments.

8. The NJC should have wide powers to enable any decision on a proposal for an appeal to be conditional on measures to ensure that the effect of the change would be gradual, so there would be no difficulties for patients, and the doctors and pharmacists concerned would not suffer a sudden loss of income.

### NHS remuneration adjustment

9. The Department of Health should consider making appropriate provision for adjustment of the NHS remuneration of directly affected doctor or pharmacy owner where it would facilitate a change in dispensing arrangements which the NJC considered desirable.

10. The NJC should not consider a further proposal or appeal relating to the same area within five years unless it is satisfied that exceptional circumstances have arisen.

11. Approvals by the NJC should have the following scope—in the case of doctors, be for a defined area, apply to the practice as a whole and be transferable to successors of existing members and to additional members of the practice; in the case of pharmacies, apply to a specified pharmacy and be transferable to a new owner.

12. The applicant and any doctor or pharmacy owner directly affected by a decision should have a right of appeal to the Secretary of State against a decision of the NJC.

13. The professions should consider the possibility of payments between doctors and pharmacists being permitted for approved voluntary transfers of dispensing business from one to the other. Payments of this kind would at present be incompatible with the ethical codes of the professions and could be regarded as the "sale of goodwill" of a medical practice, prohibited by existing NHS legislation which would need to be amended. The committee is convinced there is scope for a voluntary change in dispensing arrangements supplementary to the changes regulated by NJC and that agreement could more easily be reached if "purchase" of transferred business was clearly permitted. Any agreed transfer, however, would require prior approval of NJC who would be responsible for ensuring that patients' interests had been fully taken into account and would examine the effects on the present and continued viability of the medical practices or pharmacies in the areas. Transactions involving money could only take place where both parties were willing and the practice agreed; the Committee would not want the NJC to have power to require payments for other types of change in dispensing arrangements. It is suggested that the pro-



essions might wish to investigate a formula for guidance in calculating payments.

14. To ensure stability until the NJC is established the professions should retain the local inter-professional committees and should agree a further voluntary standstill to be monitored by the local committees, with a central joint body for additional advice.

15. The professions should jointly request the Secretary for Social Services and Secretary for Wales to submit the necessary legislation to Parliament. Primary legislation would be needed to enable entry in a rural area to the pharmaceutical list of an RPC to be regulated—at present, under Section 42 of the NHS Act 1977 (formerly Section 38(2)(b) of the NHS Act 1946), there is no restriction on entry to the list by anyone who is entitled by law to sell or supply medicines and who undertakes to comply with the terms of service for chemists; to enable the NJC to be established; to empower the Secretary of State to prescribe in regulations the arrangements under which the NJC would operate.



The Clothier Committee. Mr Justice Clothier (seated fourth from left) is flanked by Mr G. T. M. David of the PSNC (on his left) and Dr M. Wilson, chairman rural practices sub-committee, GMSC. Mr J. Bannerman and Mr D. Coleman are seated beside Mr David, and Mr J. Charlton, Mr G. Walker and Mr R. Dickinson are standing behind.

## Arguments put forward by both sides

### Pharmacists' proposals

Pharmacy's representatives presented two papers to the Committee. The first proposed that dispensing in rural areas should be undertaken by pharmacists except where the patient would experience serious difficulty in having a prescription dispensed at a pharmacy or by means of a service supplied by a pharmacy; and that revised arrangements should in general be based on the proposals contained in the Third Report of the Joint Discussions held in 1966 on the family doctor service ("the 1966 proposals"). Those proposals involved removal of the one-mile rule and designation of areas for dispensing by doctors where people would have serious difficulty of access to a pharmacy through distance or inadequate communications. A doctor who was required or authorised to dispense for patients in an area to which the serious difficulty criterion applied would have retained that right, subject to reconsideration, only if there were a major change of circumstances in the area. Doctors who would have no longer dispensed would have had one year's notice of cessation; and there would have been a right of appeal.

In the second paper the pharmacists explained how the proposal would operate. The one mile limit would continue (a change from the 1966 proposals), because few people living within a mile of a pharmacy should experience serious difficulty in having prescriptions dispensed there; and retention of the limit would continue to provide some security for rural pharmacies.

Rural districts outside the one-mile radius would be reviewed within a year, and doctor dispensing then be required only in those districts where patients

would have serious difficulty in obtaining their medicines from a pharmacy because of distance or inadequate communications.

FPCs would establish dispensing committees to designate rural districts as pharmacist dispensing districts, taking account of the distribution of surgeries and pharmacies, pharmacy hours in relation to surgery hours, arrangements such as collection and delivery services, local shopping habits and transport facilities. Districts would be reviewed if there were a major change of circumstances.

Doctors in districts designated for pharmacist dispensing would be given three months to cease dispensing, but there should be reasonable measures to compensate them for financial loss. The FPC's dispensing committee would have a balanced membership of doctors, pharmacists and laymen to ensure that everyone interested would have confidence in the fairness of its decisions. There would be provision for various appeals to the Secretary of State.

### Doctors' answers

The medical representatives pointed out that all doctors were entitled under the Medicines Act to supply medicines to their patients. Any alteration of this basic entitlement would affect the whole profession and was not acceptable.

The doctors could not accept the proposal—that a patient would have to be in serious difficulty in obtaining medicines from a pharmacy before he would be permitted to obtain them from his doctor—was in the patient's interest. The doctors said the only sensible solution would be for the patient to have a free choice whether he presented the prescription to

his dispensing doctor or to the pharmacy on every occasion.

The medical representatives produced figures to support their view that dispensing by doctors had not been a factor significantly affecting the number of pharmacy closures. The proportion of patients receiving their medicines from a dispensing doctor had only increased from 5.53 per cent to 5.81 per cent between 1966 and 1976 and that the proportion of all general practitioners who dispensed for their patients had actually fallen slightly.

### Doctors' proposals

The doctors' paper recommended that each time a prescription was issued to a patient living in a rural area he should be able to choose whether to have it dispensed by doctor or pharmacist; the one-mile rule would cease. A doctor should be entitled to dispense for all his patients living in a rural area if at least 50 asked him to do so.

Considering initial capital outlay and running costs with a reasonable margin of profit, dispensing by doctors should not be liable to sudden change; once a doctor undertook a dispensing service he should retain the right to continue it. A doctor who relinquished his right to dispense should receive compensation for loss of income.

### Pharmacists' answers

The pharmacists said the proposals to let patients decide on each occasion had been considered during the 1969-71 discussions and was unacceptable.

The pharmacists appreciated the doctors' objection to the risk of sudden change because existing pharmacies similarly faced the risk of a sudden drop in

*Concluded on p858*



# Implications of the Clothier Committee's report

*Mr D. L. Coleman, a Pharmaceutical Services Negotiating Committee representative on the Clothier Committee, answers some typical questions on issues involved.*

*What was the object of the report?*

The Clothier Committee was set up by the then Minister for Health, Dr David Owen to consider the problems of dispensing in rural areas and comprised pharmacists and doctors from the PSNC, Pharmaceutical Society and General Medical Services Committee. The Minister said he would consider amending the present regulations if the request was a joint one agreed by both professions. So the object was to find a sensible solution to the dispute, acceptable to both parties.

*What are its main points?*

Firstly, the setting up of a National Joint Committee of pharmacists, doctors and lay people to regulate changes in dispensing arrangements in rural areas. Secondly, the suggestion that a pharmacy should not open or a doctor should not begin to dispense without the approval of that Committee. Thirdly, the definition of "rural" in character could be made by the NJC if asked.

*Who won—pharmacists or doctors?*

Neither, of course—it is a compromise between pharmacy's case, that all dispensing should be done at a pharmacy, and the doctors' case, that they should be able to dispense whenever they wished.

*What are the advantages to the pharmacist?*

Doctors who do not dispense now would not be able to do so without NJC agreement. Rural pharmacists will not wake up to find two-thirds of their income gone overnight, with nothing they can do about it. Pharmacists in areas that are expanding and gradually becoming urbanised, will be able to appeal for reclassification as no longer rural under Regulation 30.

*And to the doctor?*

Doctors, too, are afraid of sudden change—a three man dispensing partnership might have to reduce to two doctors if a pharmacy were to start dispensing suddenly. Current changes in remuneration—"the differential on-cost", and the Essential Small Pharmacies Scheme—have made it more attractive for pharmacists to open in rural areas.

*Where does the patient fit in?*

The patient will have to ask, as now, if he wishes to go on a doctor's dispensing list. The interests of the patient will be ensured by lay representation at local and national

level. The present conflict is not in the patients' interest.

*Is a pharmacist's right to open where he wishes being given away to an outside body—the NJC?*

Not quite true—a pharmacy would still be able to open where it wished, but would not have an NHS contract without the approval of NJC. As pharmacy moves towards planned distribution in urban as well as rural areas, some form of statutory body will have to be set up to control contract limitation.

*So if there is no pharmacy in an area at the moment, there never will be?*

No—pharmacies will still be able to open for NHS dispensing, in rural areas, but only with the approval of NJC who would take all relevant facts into account—including the effect on the doctor who at present dispenses. Additionally, if an area became no longer rural in character, NJC would decide it should have pharmacy dispensing.

*What is to stop a doctor gradually increasing his list?*

The Family Practitioner Committee's dispensing sub-committee would have to approve any change of patients from a doctor's prescribing to dispensing list. New patients to an area could apply to go on to a doctor's dispensing list, but if there was a significant change in number,

## Arguments of both sides

*Concluded from p857*

larly faced the risk of a sudden drop in income if doctors started to dispense. The pharmacists recognised the importance of dispensing income for the doctors concerned, and the doctors' view that loss of income on relinquishing a right to dispense merited compensation. The pharmacists emphasised that the dispensing service from pharmacies was available throughout the day and was supplemented by an out-of-hours service.

Clearly, neither profession could accept the other's proposals, although both agreed that the present unregulated arrangements could result in sudden arbitrary changes which adversely affected patients, doctors or pharmacists. The Committee therefore considered whether agreement could be reached on new objective criteria which could be applied universally. Instead of a rule based on the

approval would have to be gained, (and the pharmacists on the dispensing sub-committee would be able to decide what significant meant).

*What happens now?*

Firstly, the "standstill" continues. Secondly, PSNC, the Society, and GMSCW consider the report. If they all agree, a joint approach will be made to the Minister to ask for the necessary legislation to enable the recommendations to be enacted.

*Is the report still negotiable?*

The Clothier Committee has produced the report and its work is therefore finished (except that aspect which refers to the "monitoring" of the "standstill"). It is possible that some of the bodies concerned may wish to see alteration, but must be remembered that the report stems from months of discussion and compromise on both sides. Any significant changes would upset the balance of the compromise.

*Do you hope the report will be accepted?*

Yes, the alternative—a return to "trench warfare" between doctor and pharmacist hoping that a Minister might impose a solution satisfactory to pharmacy is not attractive. If the report is adopted, pharmacists in rural areas could plan ahead with reasonable confidence that doctors will not suddenly start dispensing. They can also be confident that there is a national body capable of arbitrating in disputes to which they can appeal. I hope that the stage between receiving the report and its implementation is reasonably short—partly because I do not want to see any more rural pharmacies close. The adoption of the report together with a better system of remuneration, should keep many highly essential pharmacies open. Also a long period of time could allow serious breaches of the "gentlemen's agreement" before there were statutory powers to deal with them.

distance between a patient's home and pharmacy, one based on the distance between the doctor's surgery and a pharmacy was examined. However, that only produced new anomalies. The Committee could not find other criteria which could be applied universally. Circumstances differed widely from one area to another and criteria which might prove suitable for one could be inappropriate in another. Other factors to be taken into account included the viability of pharmacies and the significance of dispensing income for medical practices. It was essential to consider the effect on existing facilities provided by doctors and pharmacists (such as branch surgeries and OTC sales). If any changes seemed reasonable after examination of all the relevant factors there should be provision for these to be introduced over as long a period as was necessary to avoid inconvenience and hardship to patients and to avoid damaging either the pharmacy or the medical practice.



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# Eighteen new fellows for the Society

Eighteen pharmacists have been designated new Fellows of the Pharmaceutical Society of Great Britain. They are:

*Distinction in the practice of pharmacy*  
William Stanley Davis, Leamington Spa  
William Alexander White, Derby

*Distinction in the profession of pharmacy*  
Robert Anderson, Glasgow  
David John William Herbert Bailey, Cardiff

Thomas Charteris Black, Indiana, USA

Graham Calder, Solihull

William Clark, Forest Row

Francis Geoffrey Farrell, Altrincham

John Ferguson, Wellington, New Zealand

William John Carsley Hodges, London

Henry Lewty, Lancaster

David Hopkin Maddock, Cardiff

Frederick John Reynolds, Birmingham

Thomas Edmund Colecraft Sagoe, Accra, Ghana

John Clifford Spensley, Gillingham

Albert Nee Tackie, Accra, Ghana

John Barrie Thompson, Bournemouth

Owen Charles Wombwell, Essex.

## Pharmacy motion is now the most popular

The Parliamentary "early day" motion seeking more funds for community pharmacies was the most popular motion standing this week as *C&D* went to press. It had been signed by 139 MPs. The second most popular motion, concerning fire safety, had 78 signatures.

Mr Laurie Pavitt MP has tabled an amendment deleting the words calling for the Government to make available sufficient funds and replacing them with a statement welcoming the efforts being made by the Government in negotiations with the Pharmaceutical Services Negotiating Committee. The amendment has also been signed by A. Blenkinsop, who has withdrawn his name from the original motion, N. Atkinson, B. Magee and R. Kilroy-Silk, all Labour MPs. *C&D*'s Parliamentary correspondent does not attach much significance to the amendment.

## Belfast pharmacy gutted

Andrew's Medical Hall, Crumlin Road, Belfast, was completely gutted last week following a bomb blast. The proprietor, Mr T. Kennedy, told *C&D* that two bombs had been attached to the window grille



Andrews Medical Hall, Belfast, after a bomb blast (photograph courtesy of *The Newsletter*)

together with petrol. Nothing in the three-storey building had been saved and the Department of Environment estimated replacement costs at £100,000. It was possible that the shell would have to be knocked down in which case the pharmacy would not be in operation for at least a year, but in any case refitting would take a minimum of six months. Mr Kennedy has another pharmacy in the province.

## Good year for NI health centre pharmacy

Turnover of the pharmacy at Brownlow health centre, Craigavon had increased by more than a third and further increases in sales and prescription numbers were expected in the coming years, Professor D'Arcy, chairman told the annual meeting of Northern Pharmacies Ltd, last week. He described the year ended March 31 as quite successful.

Sales had risen from £72,072 in the year ended March 31, 1976, to £97,588 for 1977. Gross profit was £26,901 (£21,236 in 1976). However, working expenses had risen from £14,550 to £22,518 (mainly from salaries) leaving a net profit of £4,288, compared with £6,650 for 1976.

Professor D'Arcy said accurate figures for the population of Craigavon were not available but it was thought to be about 11,000. Previously there had been a continuous movement but that had now greatly reduced. Many new residents were remaining on previous doctors' lists but the directors expected a large proportion to transfer to the health centre in time. They were therefore confident that over-the-counter sales and prescription numbers would continue to increase for the next few years. The prescriptions dispensed rose by under 10 per cent over the previous year but their value increased by over 35 per cent. The pharmacy would also benefit from other traders opening in the shopping centre, he added.

## PSNC to meet Mr Ennals again next week

The Pharmaceutical Services Negotiating Committee representatives are to meet Mr David Ennals, Secretary of State for Social Services, concerning proposals for contractors' remuneration, on December 12, at 4 pm. The team will comprise Mr Worby, PSNC chairman, Mr A. J. Smith, chief executive, Mr M. Brining, financial executive, and Mr B. Silverman, companies' representative.

## Progesterone IUD no longer recommended

In view of a possible association between the use of Progestasert intra-uterine contraceptive system and extra-uterine pregnancy, May & Baker Ltd have decided to stop recommending the use of this device pending clarification of data.

Doctors are being advised of the facts and scientific evidence which have led to this decision, but the company emphasises that their medical advisers are not aware of any cases of extra-uterine pregnancy in UK women using the Progestasert device.

May & Baker told *C&D* they would not presume to give advice to doctors with patients who have had the device inserted. They will tell doctors, if asked, that there does appear to be a risk but leave the decision as to removal to the doctor.

Every effort during the year to have the trust deed executed and approved by the Inland Revenue had proved unsuccessful. However, Professor D'Arcy thought the deed should be approved in time for payment into the trust fund during 1978. A deed of covenant had been signed by the directors to pay £3,000 annually into the fund and that would reduce the company's corporation tax liability. The objects of the trust deed would include education and benevolence.

Mr J. K. McGregor was re-elected director for a further three years. The other retiring director, Mr D. J. Morrison had offered his resignation upon joining the Department of Health. It was agreed to record appreciation of Mr Morrison's services.

Approval was given to the directors for a payment not exceeding £2,000 to the Pharmaceutical Society of Northern Ireland for secretarial and other facilities provided. Mr O'Rourke explained that the payment was intended to include work undertaken on the company's behalf by the Society's office staff.

Messrs Cleaver, Fulton and Rankin were re-appointed solicitors and Messrs Muir & Addy, accountants.

Professor D'Arcy thanked Mr Speers, the superintendent pharmacist. He also thanked his fellow directors for their support throughout the year.



# People

## OHSS chief appointed

Dr B. A. Wills, BPharm, PhD, FPS, FRIC has been appointed chief pharmacist at the Department of Health, from April 1, 1978, following the retirement of Dr T. D. Whittet, CBE. Dr Wills qualified at the school of pharmacy, Nottingham University in 1951 and took a PhD in pharmaceuticals at London in 1955. Following a period as a lecturer he joined the pharmaceutical industry. He is at present head of quality control at Allen & Hanbury's Ltd. Dr Wills is a member of the British Pharmacopoeia Commission and chairman, committee on medicinal chemicals. **Mr Ian Jesnick**, who joined the Wellcome Foundation as press officer last June, is the 1977 winner of the Daniel J. Edelman award for the best performance in the CAM public relations diploma by a student at the College for the Distributive Trades.

**Professor A. J. Buller**, BRD, BSc, MB, FRCP, has been appointed as chief scientist to the Department of Health with effect from January 3. Professor Buller is professor of physiology and dean of the faculty of medicine, Bristol University, and will be seconded on a part-time basis initially. Sir Douglas Black has relinquished the post on being elected president of the Royal College of Physicians.

## Deaths

**Boyle:** Suddenly on November 16, Mr John Leo Boyle, MPSNI, at the age of 41. Mr Boyle qualified in 1963 and established a business at 5 Ladybrook Park, Belfast, about ten years ago. He served his apprenticeship with Mr M. C. Mooney, MPSNI.

**Wilkinson:** Suddenly on November 29, Professor John Henry Wilkinson CBE, PhD, DSc, FPS, Byard Greston Lane, Effingham, Surrey. Professor Wilkinson was professor of chemical pathology, Charing Cross Hospital medical school, London University, having taken up the appointment in 1968 after three years in the chair of clinical chemistry at the University of Pennsylvania, USA. Professor Wilkinson began his career in pharmacy, serving his apprenticeship with Joseph Cowper and Sons, Penrith, Cumberland, and qualifying in London in 1937. In the early part of the 1939-45 war he worked in a London hospital pharmacy before being directed by the Ministry of Labour into research work with May & Baker Ltd, Dagenham, where he became head of process research. Just before gaining his PhD in 1947 he joined the Westminster medical school where a newly formed department of chemical pathology had been opened. Professor Wilkinson received his CBE in the Queen's Jubilee and Birthday Honours earlier this year.

# Topical reflections

BY XRAYSER

## Changed world

I read (p766) the account of the group medical practice which adopted its own methods of cutting down the number of consultations and in so doing took no steps to collaborate with the pharmacists of the area. It seems that the omission has been recognised by the doctors concerned and that they regret not having notified their change of policy.

According to the report you quote from the *British Medical Journal*, the first line of action was to stop accepting requests for "repeat" prescriptions at the reception desk for what were described as "new episodes of previously treated minor illness, such as coughs, diarrhoea and headaches". A notice was displayed in the waiting-room stating that patients were expected to purchase patent medicines for these complaints from their chemist. I must say I found such advocacy of the patent medicine a little surprising coming from such a source, for it amounts to a medical recommendation for self-diagnosis, on which the patent medicine thrives.

Second line of action by the practice was to make a careful examination of the patient, saying at the same time "from what you tell me I don't think I'll find anything." But surely such an examination should have been made much earlier in the history, before the habit of repeating prescriptions was formed? The doctors say they have now found that subsequent consultations for the same complaint were felt to be unnecessary by the patient.

It might be pertinent to inquire how much the "medicine habit", as successive Ministers of Health have stigmatised it, stems from the days—not so long since—when a fee covered consultation and a bottle, and patients were not discouraged from seeking repeats of the bottle, without the need for seeing the doctor again. Habits of long standing are difficult to break.

Another factor which may have some bearing on the situation is the growth of quite large group practices, large enough in some instances to constitute a monopoly situation, very different from that of individual practices in which, if the patient was not satisfied, he had an alternative round the corner or across the street. I cannot help feeling that the action now being taken is, to some extent, a confession of previous inadequacy.

Talk of including pharmacists more actively in the primary health care team has a hollow ring.

## A team effort?

How far is the pharmacist actively involved in the primary care team? Is it, in fact, a team? Or are there separate and distinct compartments? It must always be difficult to speak of a "team" unless all health workers operate under the same roof. There is co-operation when the occasion arises. But that is not quite the same thing. Even the health team amongst doctors is something of an innovation. Until comparatively recently there were large numbers of single-handed practices and doctors prided themselves on their complete independence, but they began to see advantages in working together under one roof. It must have made a difference to home-life to be free of a never-ending stream of patients in the house.

## A test

The front full-page advertisement in last week's issue reminded me of one of those breathless moments which come to us all at some time in pharmacy. The illustration is of *Dryopteris Filix-mas* and reminds us that the dried rhizome is used for the extraction of a thick greenish-brown liquid extract.

My first engagement on qualifying produced a prescription for an emulsion of male fern—always something of a hazard, but more so on that particular morning when I was informed that there was only enough of the extract to make the mixture; that the patient was a bargee leaving in half-an-hour, and there was no second bite at the cherry. But the luck which attended me in the examination-rooms the previous day held, and I feel sure that the tapeworm must have appreciated the smooth, velvety preparation almost as much as I did.



# New products

## Haircare

### Bristow's anti-dandruff

Beecham Proprieties have introduced Bristow's anti-dandruff shampoo containing zinc amodine which they say is the "most effective known dandruff-clearing agent". Trial offer packs are available. In addition the company has repriced the whole Bristow's range of shampoos and hair sprays in special price flashed packs: the 120g hairspray £0.31, 200g hairspray £0.44, 80ml shampoo £0.22 and the 130ml shampoo £0.32 (Beecham Proprieties, Beecham House, Great West Road, Brentford, Middlesex).

## Sundries

### Fly-tox slow release

Airwick (UK) Ltd have added Fly-tox System 1 (£0.69) to their range. It provides, they say, a neat, unobtrusive reclosable fly-killing unit designed for rooms up to 750 cu ft. The evaporator unit is said to give up to four months protection in small rooms and will last even longer if re-closed when not required. The products are packed 12 to a shrink wrapped outer case (Airwick (UK) Ltd, Manchester Old Road, Middleton, Manchester).

### Trafalgar stop watch

The Trafalgar Watch Co has introduced a six function LCD watch (£18-£20) which includes a stop watch facility, plus back-light. Up to now, says the company, the incorporation of a stop-watch facility has only been possible in 10 function chronograph watches and at much higher prices. Thus this new watch, Brain of Britain mark 2, is heralded as the second breakthrough by this company. Trafalgar also pioneered the Betalight watch (Trafalgar Watch Co, Trafalgar House, Grenville Place, Hale Lane, London NW7).

## Cosmetics and toiletries

### Charlie bath products

Revlon have added two products to their Charlie fragrance range. Foaming bath and shower gelee (£1.95) contains a creamy cleanser and is presented in a "Charlie blue" tube. The perfumed dusting powder (£3.95) is also presented in a blue container with a clear lid and own puff. These products join Charlie Body Silk and Splash Cologne and, for a limited period only, Charlie talc will be available in a novelty "sugar shaker" can (£2.45) (Revlon, 80 Brook Street, London W1).



### Clinique's aromatic elixir

Clinique have introduced aromatic elixir (£4.75 and £11.50) as "an entirely new kind of fragrance experience". The company says that for consistent effect one rich spraying daily is plenty. "Aromatic elixir comes in one strength only in an amber glass bottle capped in a bronzed metal (Clinique Laboratories Ltd, 54 Grosvenor Street, London W1).

### Orien nail buffers

Gosforth Import & Export Co have brought Orien nail buffing kits to this country from the United States. The kits consist of three buffing pads which remove stains and ridges, and shine. They are said to perform the same function as buffing creams, but "to a higher degree and with far less abrasion". The kits (£0.69) are normally supplied in boxes of 8 dozen or 20 dozen pieces. Discounts are available (Gosforth Import & Export Co, 24 Lansdowne Terrace, Gosforth, Newcastle upon Tyne NE3 1HP).

## Prescription Specialities

### MIACALCIC injection

**Manufacturer** Sandoz Products Ltd, PO Box Horsforth No 4, Calverley Lane, Horsforth, Leeds.

**Description** Ampoules containing 100 iu of salcatonin (synthetic salmon calcitonin) in 1ml

**Indications** Paget's disease (osteitis deformans), hypercalcaemia associated with malignancies or primary hyperparathyroidism

**Dosage** Paget's disease—1ml daily by subcutaneous or intramuscular injection. After improvement dose may be reduced to 0.5ml daily. Dose may be increased to 2ml daily. Hypercalcaemia—0.05 to 0.1ml per kg body-weight daily by intramuscular injection in 2 to 4 doses

**Precautions** Prolonged treatment of bed-ridden patients must be accompanied by regular checks on urinary sediment for presence of casts. Effect on foetus unknown. In patients with a history of allergic reactions a skin sensitivity test is advisable. Miacalcic should not be given to children for more than a few weeks unless physician considers it necessary. Surveillance of bone growth recommended

**Side effects** Nausea, vomiting, anorexia, general malaise. Occasionally irritation at injection site, pruritis, flushing, headache and diarrhoea have occurred. Usual dose dependent and transient. Antiemetics may be used if necessary during treatment

**Storage** At 5°C

**Packs** Five ampoules (£17.75 trade)

**Supply restrictions** P1, S4B

**Issued** December 1977

## Hopeful forecast for cosmetics and toiletries

The personal care market in the UK is at the threshold of a period of real growth in consumer expenditure on cosmetics and toiletries. European Forecasts predict that this boom might be triggered off soon and prove greater than expected if sterling appreciates considerably, because a reduction in import prices will feed through to retail prices within three to nine months and could lead to an even lower inflation rate than is currently anticipated.

These conclusions are set out in the latest UK report from European Forecasts provided by SIPSA (Societe Anonyme), 14 Chemin Rieu, Case Postale 135, 1201 Geneva 17, Switzerland, which focuses on this "imminent turnaround expected in the presently depressed UK market". The last five year period (1971-1976) was characterised first by very rapid real growth in consumer expenditure followed by a steady overall decline in the mid 1970s. The study foresees sustained real growth of consumer expenditure on toiletries and cosmetics in the late 1970s with a possible deceleration in the 1980s as a result of an increase in VAT levels.

The key assumptions underlying the forecast are summarised by the company as follows; since usership levels have declined in the 1970s consumption in many product categories appears to be artificially low levels; the population structure is changing and through the early 1980s the age groups that are the heaviest users of cosmetics and toiletries will increase both in real terms and as a percentage of the total population; the Henley Centre for Forecasting is expecting that real growth in consumer expenditure will primarily benefit expenditure on non-essentials.

The turnaround is not expected, however, until the second quarter of 1978. The trends which persisted through the first nine months of 1977 were a continuation of those which developed through the mid-1970s. Finally the study recommends that over the next few months marketing tactics should continue to be geared to a scenario of low spending but companies should be planning for expansion, if they are not already doing so. Further details of this report are available from Monsieur Spiro A. Coutarelli at the above address.





**When  
apples  
bite  
back**

When eating is a misery, cold sores or mouth ulcers are often the culprits. Bonjela is the ideal treatment for mouth soreness.

It contains Choline Salicylate a powerful, fast acting analgesic that soothes away pain. It also contains Cetalkonium Chloride a wide spectrum antiseptic. As well as reducing any secondary infection, Cetalkonium Chloride lowers surface tension allowing the analgesic quicker access to the painful mucosa.

In most cases, Bonjela soothes away pain in 1-3 minutes and the relief lasts for up to 3 hours.

That's why we call it **The  
3-minute  
smile**





# 'Tailored' promotions still high in chemists goods

There is no doubt that the independent chemists' trade has taken a hammering in the matter of "tailored" promotions occurring in the supermarket chains' health and beauty departments (including Boots and Woolworths).

While there appears to have been a general slackening in the pace of these specially arranged deals between the manufacturers and the supermarkets, there seems to have been little or none in the health and beauty products sector.

For example, in August there were 67 tailored promotions for the categories of toiletries, cosmetics, and hair preparations and shampoos, out of a total of 189 across the full product range measured monthly by MS Surveys & Promotional Services.

By the end of October, the total had declined to 85 (34 per cent down on September), yet for the three health and beauty categories the total was as high as 41—toiletries 21, hair preparations and shampoos 20.

Promotions in the chemist group of products for October were:

that the supermarket group "was right in assuming that in lean times, customers are more interested in price cutting than trading stamps".

There is now speculation about the length of time Tesco can keep up the pressure on prices—which is another way of asking how long can they maintain the heavy programme of tailored promotions.

## Only two increases

Down to the end of October only two types of open-to-all promotions have increased compared with the same period in 1976:

	% difference
Reduced price offer	-19
Self liquidator	+1
Give away	-3
Contest	-12
Coupon	-28
Free mail in	-6
Multi-pack	+7

The cutting of prices is almost certainly going to be the main sales-gaining gambit for all types of manufacturers in 1978.

	Promotions open to all outlets	Tailoreds Brands	Tailoreds Own labels
Baby foods	5	7	—
Toiletries	156	20	1
Cosmetics	17	—	—
Hair preparations and shampoos	25	20	—
All medicinal products	2	—	—
	205	47	1

Taking the full range of open-to-all promotions together there were 1,017 running in the shops during October, representing a four per cent increase over September. By coincidence it was just that percentage below the number for October 1976. Taking the combined ten months of the year and setting the figure against that for the same period of 1976, promotions on the open-to-all basis are 14 per cent down. There is now virtually no chance at all that the full 1977 promotional performance will resemble last year's

## Price cutting more popular

But "tailored" promotions will be a different story. They will be well in advance and, as *C&D* has consistently reported since the June figures were available, their upsurge dates from the dropping of Green Shield stamps by Tesco. That step caused Tesco's sales to boom by 40 per cent and the verdict of the *Financial Times* has been

## Books

### Tax for Shopkeepers

David Williams. *Oyez Publishing Ltd*, Norwich House, 11 Norwich Street, London EC4. 9×6 in. Pp 135. £3.95.

The author is a solicitor and Associate of the Institute of Taxation. The aim of the book is to show the retailer how to deal practically with tax problems by worked examples and indicating pitfalls to avoid.

### Dismissals

Bowes Egan. *New Commercial Publishing Co Ltd*, 4 St John's Terrace, London W10. 11×8 in. Pp383. £12.50.

The author is an expert in employment law and the book incorporates the Encyclopaedia of Dismissals Rules and Practice. The nine opening chapters describe the law in outline and the second part—the encyclopaedia—identifies the detailed statute law, the codes and some case histories.

## Christmas holiday closings

**Dendron Ltd**, 94 Rickmansworth Road Watford, Herts WD1 7JJ. From 5 pm Thursday, December 22, until 9 am Wednesday, January 4.

**Fisons Ltd**, pharmaceutical division Derby Road, Loughborough, Leicestershire LE11 0BB. From noon Friday December 23 until 9 am Monday, January 2. Emergency services Loughborough 63113.

**Kirby Pharmaceuticals Ltd**, Mildenhall Bury St. Edmunds, Suffolk IP28 7AX. From 1 pm Friday, December 23, until 9 am Tuesday, January 3.

**May & Baker Ltd**, Essex House, 15 Station Road, Upminster, Essex RM14 2JT. From noon Friday, December 23, to 9 am Wednesday, December 28. Also closed Monday, January 2.

**MCP Pharmaceuticals Ltd**, Grange Road Houston Industrial Estate, Livingston West Lothian, Scotland. From 2 pm Friday, December 23, until 9 am Wednesday January 4.

**E. Merck Ltd**, Four Marks, Alton, Hants GU34 5HG, from close of business December 22 until December 28. Also closed on January 2.

**Paines & Byrne Ltd**, Pabryr Laboratories, 177 Bilton Road, Perivale Greenford, Middlesex UB6 7HG. From 1 pm Thursday, December 22, until 9 am January 4. Skeleton staff will handle emergency orders between 9 am and noon on December 23, 28, 29, 30 and also on January 3.

**Pharmax Ltd**, Bourne Road, Bexley, Kent DA5 1NX. From Friday, December 23 until Tuesday, January 3.

**Radiol Chemicals Ltd**, Stepfield, Witham Essex CM8 3AG. From close of business Friday, December 23, until Tuesday January 3.

**Riker Laboratories**, 1 Morley Street Loughborough, Leicestershire LE11 1EP. From noon Friday, December 23 until 9 am Monday, January 2. Emergency requirements Loughborough (0509) 68181.

**Roche Products Ltd**, PO Box 8, Welwyn Garden City, Herts AL7 3AY. From 1 pm Friday, December 23, until 9 pm Wednesday, December 28; also closed Monday, January 2.

**Stiefel Laboratories (UK) Ltd**, 10 Wellcroft Road, Slough SL1 4AQ, from 3 pm December 23 until 8.45 am January 2.

**Upjohn Ltd**, Fleming Way, Crawley, West Sussex RH10 2NJ. From 12.30 pm Friday, December 23, until 9 am, Wednesday, December 28.\*

**Warner Lambert** companies, Eastleigh Hants SO5 3ZO. From noon Friday, December 23 to Tuesday, January 3.

\*Urgent supplies from John, Bell & Croyden, 51 Wigmore Street, London W1 (telephone 01-935 5555).





An important announcement from

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LABORATORIES

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Seymour Road, London E10 7LX.

our **SELLING AGENTS AND DISTRIBUTORS**  
**FOR THE UNITED KINGDOM**  
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Manufactured to BP1973 Purity Standard in the U.K.

Phone (04427) 5221 or write to David Nelson at

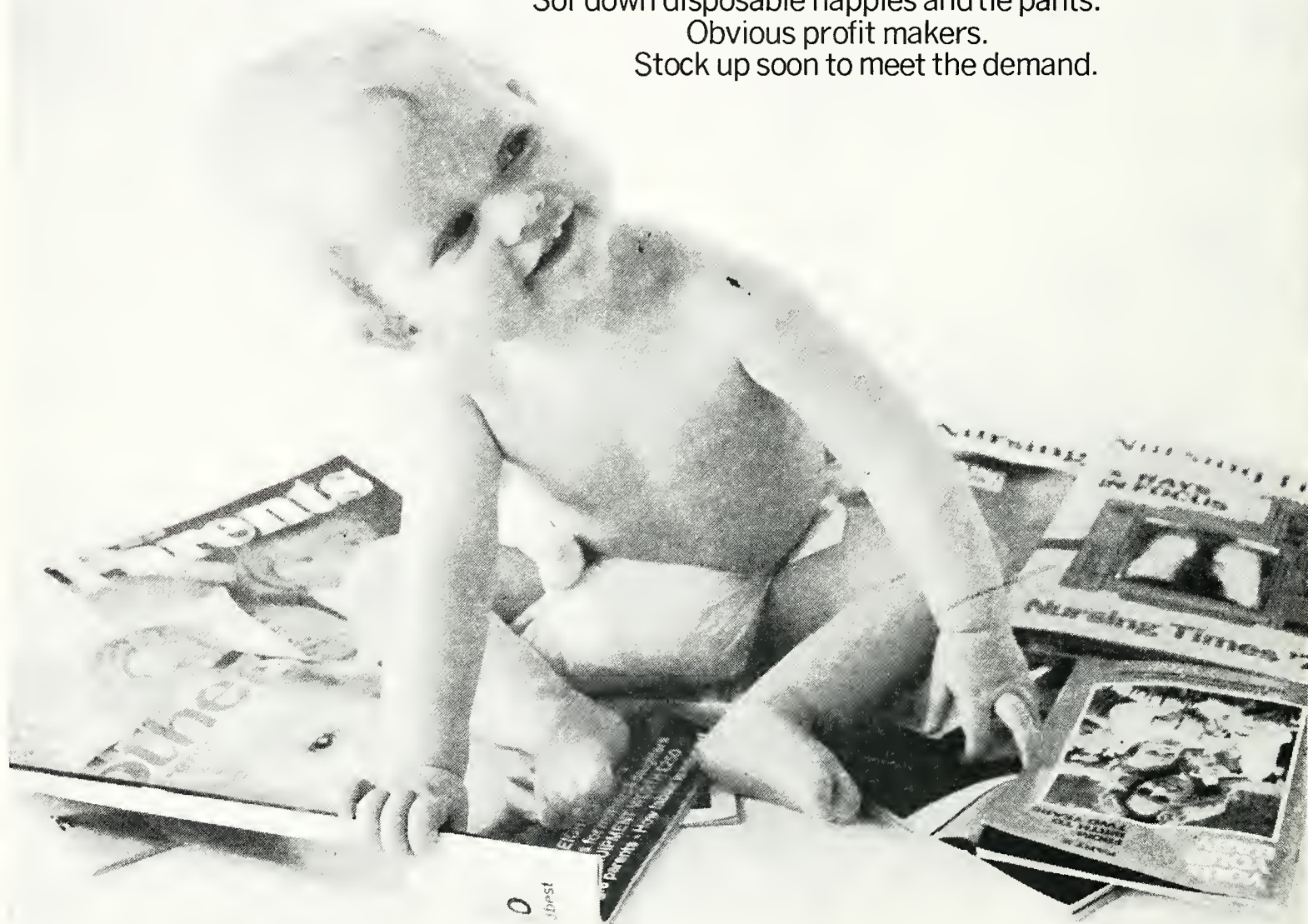
**LAKE & CRUICKSHANK LTD.**  
North Bridge Road, Berkhamsted, Herts HP4 1EP



# Perfectly placed to sell for you.

Lewis Woolf advertising will be seen in all the right places in 1976. Nursing Times, Nursing Mirror, Mother, Mother & Baby, Midwife & Health Visitor, Health Visitor, You & Your Baby, Parents. And the message will come across loud and clear that Lewis Woolf products are better designed, better made and represent better value for money. You only have to see them. Strong, safe, hygienic Freflo bottles and teats. Griptight Flexi-ring, the soothers that conform to British Standards. And super, strong and absorbent Sof'down disposable nappies and tie pants.

Obvious profit makers.  
Stock up soon to meet the demand.



## Lewis Woolf Griptight.

THE SAFEST PROFIT YOU'VE EVER MADE

Lewis Woolf Griptight Limited, 144 Oakfield Road, Selly Oak, Birmingham B29 7EE. Telephone: 021-472 4211



# Trade News

## Ambre Solaire with new sunscreen

L'Oreal (Golden Ltd) will be relaunching the Ambre Solaire range in 1978. The products will contain a filter, a derivative of benzylidene camphor, which will bring "a highly significant technical innovation in suntanning". Traditional suntan products allow some of the UVA rays through to the skin but stop UVB rays from penetrating and the factor number now used on most suntan products denotes the length of time that the UVB rays can be halted in this way. However some exposure to the UVB rays is essential for the skin cells to produce melanin. This UVB exposure usually happens when classical sun tan products cease to function so that the skin may burn before it can tan. The new Ambre Solaire formulation differs by permitting a high proportion of UVA rays to reach the skin thereby utilising the body's natural defence mechanism to provide both superficial protection and "tanning" and it allows the UVB rays to reach the skin in controlled amounts so that exposure is gradual, minimising the risk of burning. The products, with the exception of the oil and Duotan, also have a reformulated base. The bottle and tube designs remain the same but the pack colour scheme and graphics have been revised.

L'Oreal (Golden Ltd), 18 Bruton Street, London W1A 1BX, will be backing the relaunched products with £450,000 of advertising which they say triples their expenditure in 1977 and is about half the total market expenditure of that year. Retail selling prices will range from £1.05 to £2.00.

### Acriflex marketing

Allen & Hanburys Ltd, Bethnal Green, London E2 6LA, are transferring the marketing of Acriflex to Farley Health Products Ltd, Torr Lane, Plymouth, Devon PL3 5AU. Allen & Hanburys say that this will enable them to devote more resources to the development and marketing of their growing range of "ethical" pharmaceutical products.

### Healthcrafts identity

Booker Health Foods Ltd, a subsidiary of Booker McConnell, Beaver House, York Close, Byfleet, Surrey, have repackaged their range of products and are creating a corporate identity for Healthcrafts, their brand of vitamin and mineral supplements. They say that this is mainly because they are now moving into the chemist trade for the first time in any significant way. There are about 90 products in this range which were in widely var-

Ambre Solaire is being relaunched with a new sunscreen



ying pack styles. One of the most important factors of the update therefore was the introduction of a brand logo that would be instantly recognisable as Healthcrafts. Strong colour coding is used to enhance the communication of the pack types. The ingredients are clearly set out and the purpose of the contents simply illustrated. Conran Associates, who developed the new packaging, are also extending the corporate identity in product literature and point of sale.

### Macdonald's repackaged

The Wellcome Foundation Ltd, Ravens Land, Berkhamsted, Herts, have repackaged Macdonald's cotton wool in packs which they believe will have greater consumer appeal. The new design incorporates new closures for the Pleats which are said to allow easier access and reclosing. The Rolls range, super economy, economy, popular and handy are less tightly wound so that consumers can use the cotton wool more easily.

### Hogs Back Build-up

Carnation Foods Co Ltd, 11 High Road, London N2 8AW, are sponsoring this year's Hogs Back race with Build-up. The race takes place on December 17 and is open to all amateur male athletes over 18, and to female amateurs over 16. It takes in ten miles of an S-shape course, including two steep hills. This is the first time the company has stepped into the sponsorship ring with Build-up which they feel is ideal for athletes wanting to build-up protein without bulk.

### Recommended prices stopped

Sperry Remington Consumer Products, Apex Tower, 7 High Street, New Malden, Surrey KT3 4DL, have stopped quoting recommended retail prices for their range of shaving and hair care products. The company says this policy change is in line with the growing trend among electrical appliance manufacturers and the Price Commission's views that recommended retail prices confuse the public. A new list of buying prices is being issued on which wholesalers and retailers will be able to determine their required mark-up.

### Tudor Christmas promotions

Tudor Processing Ltd, 30 Oxgate Lane Industrial Estate, London NW2 7HU, are again featuring their dealers prominently in a pre-Christmas campaign in over 40 regional newspapers including the *Lon-*

*don Evening News* for dealers in the City and the West End. Other publications will cover all Tudor trading areas from Bristol to Manchester and Leeds to Brighton. Dealer names will be featured alongside information of the "buy the film, get the book free" promotion. The dealers will also be supported by the advertisements on local radio.

### Retail security conferences

Benn Business Promotions Ltd are organising two conferences on retail security early next year. The first is aimed at retail managers and proprietors and is to discuss theft by customers and employees, physical security and relevant legislation. In association will be a "store detectives-day" comprising practical demonstrations in methods of apprehension and deterrence, dealing with the public and legal proceedings. Benn Business Promotions Ltd is a member of the Benn Group, publishers of *C&D*.

## on TV next week

Ln—London; M—Midlands; Lc—Lancashire, Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island

**Band-aid:** All except B, E

**Beecham's Powders Hot Lemon:** All except M, So, E

**Blue Stratos:** All areas

**Denim:** All areas

**Feverter:** Ln

**Imperial Leather foam bath:** All except U, G, E, CI

**L'air du temps:** Sc

**Night Nurse:** All except E

**Philips Ladyshave:** Ln, M, Lc, WW, So, A

**Philishave:** All areas

**Polaroid model 1000 and Instant 10:** All except E

**Old Spice:** All areas

**Remington M3 shaver:** All areas

**Stowaway:** All except WW, U, We, B, E, CI

**Smitty:** All areas

**Vitarich:** Lc

**Wright's soaps:** All except U, E



# Complaint that Boots' diary may infringe Society's code

A member's complaint that an entry in the 1977 Boots' scribbling diary appeared to infringe the Pharmaceutical Society's code on advertising, resulted in a hearing before the Statutory Committee last week. The member also complained that a device resembling the Society's coat of arms and related "insignia" was in use over the shop front of a Boots pharmacy in the market place at Swaffham, Norfolk. The Committee reserved its decision, which would be given in public at the Committee's next session in February.

Under the heading, "Boots the Chemists", the diary item pointed out that Boots were "always open day and night" at Piccadilly Circus, London, and offered "an extended hours service" in most big cities for the supply of medicines and surgical requisites. It also mentioned that details of branches could usually be found in local telephone directories, and made provision for the recording of the telephone numbers of a doctor, dentist, hospitals, veterinary surgeon and Boots local branch.

Mr John Peppitt, QC, for the Society, told the Committee that it was alleged that the diary items as a whole constituted either direct or indirect advertisement for the dispensing of medicinal products and/or for the provision of the professional services of a pharmacist. To some extent, Boots had already accepted that the complaint had limited justification, and had done something to put it right by amending the corresponding item in its 1978 diary. Mr Mark Waller, representing the company and its pharmacist superintendent director, Mr Bernard Silverman, said that the item had been in the same form in the diary since 1970 and substantially in the same form since 1962.

## Outcry over coat of arms

Mr Peppitt told the Committee that the Society had laid down that its coat of arms or devices like it should not be used for business purposes. Mr Waller said that Boots would take down the coat of arms if necessary but there had been a public outcry in Swaffham when it was taken down previously, as it had been carved by local craftsmen, so it was restored with the Society's consent. The arms were above the shop when Boots bought it and were not there for advertising purposes.

Mr J. Dale, head of the Society's law department said it was well understood that the coat of arms was not to be used by individuals or companies and legal action

could be taken to prevent its misuse. He also explained that the Committee decisions in cases involving Boots in 1949, 1950 and 1959 established, without doubt, that advertising of dispensing services would, in future, be regarded as misconduct, and a number of warning letters had been sent out. Companies with "dispensing chemists" in their registered titles had been asked to change the company name. Some had done so and some had not. Since 1975 the registrar of companies had refused to accept any new company titles including the word "chemist" or "pharmacy" without the written agreement of the Society. This point was gained purely on the legal objection. The registrar was not concerned with ethics. Mr Dale added that the entry in the diary appeared to constitute advertising for the dispensing and retail sale of medicinal products. It used the restricted title "chemist" in larger type than the remainder of the text.

## 'Extended hours service' offered

On the second day of the hearing the complainant, Dr Edgar Beveridge, principal lecturer in pharmaceuticals, Sunderland Polytechnic school of pharmacy, said the entry in the diary seemed to encourage the public to buy medicines from Boots and to take prescriptions there. It also seemed to make an invidious distinction between the services of chemists in pointing out that Boots offered "an extended hours service" and in putting these words in heavier type. He also objected to a space being provided for the telephone number of Boots local branch.

Mr Gordon Appelbe, deputy head of the Society's Law Department and secretary of the Ethics Committee, said that the Committee had always objected to the word "chemist" in advertising and to the use of the phrase "Boots the Chemists" in advertising. He referred to the Statutory Committee case last year involving Fergussons (Chemists) Ltd in which the phrase "Fergussons the Chemists" had been used, and told Mr Silverman that members of the Society were pointing out the similar use of restricted titles and the definite article by Boots, asking whether there was one law for the small and one for the big.

Mr Silverman replied that he understood the problems but stressed that "Boots the Chemists" was the company's registered business or trading name, and that "Fergussons the Chemists" was not.

Mr Appelbe said that in January the Ethics Committee was shown an amended version of the entry for the 1978 diary and felt that it had gone a considerable way towards satisfying their objection, except in relation to the phrase "Boots the Chemists". Mr Silverman said as far as he knew there were similar entries in diaries going back to the early 1900s and there were no complaints until last year when Mr Appelbe raised the matter with him. While he did not accept that it drew an invidious distinction between chemists, he had agreed to amend the entry for the 1978 diary, though some copies with the old format had already been printed, and formed an impression that it was then acceptable to the Ethics Committee. Mr Silverman told the Committee that he saw no reason for complaint about the 1977 entry.

Mr Waller submitted that it did nothing more than give information about the availability of services to the public. It was a dignified advertisement for convenience and not an advertisement for custom. Could it really be so objectionable when it had been appearing for year after year? Could it suddenly become misconduct? In amending the wording for 1978 there had been no admission of misconduct. The phrase "Boots the Chemists" had been used for over 60 years and any rule which required that name to change would be an unreasonable restraint on trading.

Mr Peppitt said that there were two specific aspects which were unacceptable. One was the invitation to record the phone number of the local Boots branch in the space provided which amounted to "nothing more than a puff for Boots." The other was the form in which the phrase "Boots the Chemists" appeared at the head of the entry. Mr Peppitt suggested that the use of the Boots logo would provide sufficient identification but if the full name had to be used, it should be used in a discreet manner.

## Pharmacist alleges obscene telephone calls

A pharmacist told the Pharmaceutical Society Statutory Committee last week that he had been harassed by obscene telephone calls after a conviction for theft. Mr Clive Davies, of Havering Drive, Romford, said that recently a hearse had drawn up outside his home to collect his body. He had also experienced more car tyre punctures in the past six months than in all his 20 years of driving.

Mr Davies appeared before the Committee following his conviction and £250 fine at West Ham Magistrates Court in July for stealing pharmaceutical products, valued at £1,131, from his former employer when employed as a superintendent pharmacist there.

In reprimanding him, Sir Gordon Willmer said that, in the circumstances, they had decided it would be inhuman to strike him from the Register. He had no doubt suffered a great deal, both mentally



and physically, since he was found out and prosecuted and had said that, in addition, he had been harassed persistently in the past few months. Sir Gordon said that Mr Davies had not pretended there was any excuse for his conduct, but there was much "bad blood" between him and his former employer.

Det Sgt John Durham said that he went to Mr Davies' home with a search warrant in May, following a complaint that goods had been stolen from the pharmacy. Mr Davies produced three cardboard boxes of goods; none were Controlled Drugs.

Mr Davies told the Committee that he built up the business from a £32,000 annual turnover in 1967 to about £67,000 in 1972. The owner at this time offered to sell him the business for £13,000, but when contracts were about to be exchanged he was "gazumped". The business was sold to another man for £20,000 which he could not match.

Earlier this year, when he was about to buy a poorly stocked pharmacy in the same street, he took 280 items from his employer for his own business. While he knew it was theft, he was still upset with the treatment he had received and it seemed to justify his action. He would now have to live with this grave mistake for the rest of his life and bitterly regretted what he had done.

#### Reprimand follows poison sale

The Committee reprimanded Mr Warren Arthur Temple, a Bromborough, Ches, pharmacist for allowing medicines containing Part I poisons and oral contraceptives to be sold from his drug store at Spital.

In February 1976 Mr Temple, of Allport Lane, was convicted of six offences relating to the unlawful sale of medicines from unauthorised premises at Lancelyn Court precinct, Spital. He was fined £180 by the magistrates and ordered to pay £27 costs. He appeared before the committee in September 1976 and judgment was postponed for 12 months. Mr Temple told the Committee that the premises reverted to a drug store in January 1976. He was not aware that Part I poisons were being displayed or that his unqualified assistants were selling them.

A Society inspector, Mr Graham Pickup, said last week that he had visited the drug store on three occasions since the previous hearing and was satisfied it was being run properly.

The Committee also reprimanded Mr James Robert Ottley, a Paisley pharmacist, who was told by Sir Gordon Willmer that he gave the impression he was unlikely to succeed in obtaining permanent employment as a pharmacist again. Sir Gordon said his convictions in November 1975 of stealing a considerable quantity of pharmaceutical items from the Royal Alexandra Infirmary, Paisley, where he had worked, was not the conduct of a professional man.

Last November the Committee

adjourned the case for 12 months. They heard that Mr Ottley, of Glasgow Road, Paisley, was convicted and admonished at Renfrew District Court in June 1976 for being drunk and incapable and the following November he was convicted and admonished at North Strathclyde Sheriff Court of being unlawfully in possession of 100 Physeptone tablets and of stealing a considerable quantity of pharmaceutical items from the Infirmary.

Mr Ottley was summarily dismissed by the hospital and his appeal to a special Appeals Committee of the Area Health Board was dismissed.

Last week Mr Ottley told the committee that he had been unable to get another job as a pharmacist since his dismissal. He said the hospital items found by police at his home were all destined to be destroyed in the incinerator. The Physeptone tablets were taken when he was suffering from toothache but never opened the bottle.

## Draft code on time off for safety training

Proposed guidelines on time off for training were published in a draft Code of Practice this week by the Health and Safety Commission. The Safety Representatives and Safety Committees Regulations appoint safety representatives to carry out certain functions, and require an employer to permit time off with pay "as may be reasonable" for training. They come into force on October 1, 1978 and it is intended that the Code of Practice should also come into force on that date. Comments are required by February 6, to Mr J. Davey, Health and Safety Executive, RPD/A2, Baynards House, 1 Chesham Place, London W2.

*Time off for Training of Safety Representatives: Proposal to Approve a Code of Practice (HM Stationery Office, £0.10).*

# IMPORTANT NOTICE

**BEWARE** of counterfeit Paco Rabanne Stocks which look virtually indistinguishable from the authentic product.

**GENUINE** Paco Rabanne is only available direct from Creative Fragrances Ltd.

Creative Fragrances Ltd.  
only supply Paco Rabanne to a limited number of appointed stockists.

**IN CASE OF DOUBTFUL OFFERS OF SUPPLY, RING 01-491 4776.**



# Further move to extend drug supply to five days

The National Pharmaceutical Association board decided at its meeting last month to ask the Department of Health again that pharmacists be permitted to supply up to five days' treatment irrespective of the incidence of bank holidays, etc, when Part III of the Medicines Act is implemented on February 1, 1978. The Department would also be asked to reconsider its decision that General Sale List retailers should not be required to register with either local authorities or the Pharmaceutical Society.

As members would need clear guidance in good time, it was decided that, after liaison with the law department of the Pharmaceutical Society, a draft information leaflet on the Act would be prepared and circulated to members of the Board for approval before being sent to members generally.

With regard to the Law Commission and Scottish Law Commission inquiry into liability for defective products, it was confirmed that the NPA board of management's view was that medicines should be subject to separate legislation and should not fall within the general proposed new rules. It was also agreed that any special legislation, if required, should be under the Medicines Act, and that a letter to this effect be sent to the Department.

## Legalising delivery services

It was reported that the Standing Pharmaceutical Advisory Committee, meeting shortly, had been asked to consider how collection and delivery services could be legalised when the Medicines Act came into force. Difficulties might arise with delivery services organised by pharmacists where, in law, the "supply" of the medicine takes place other than at a pharmacy and under the supervision of a pharmacist. It was agreed that the matter could be dealt with by a simple provision that in "official" schemes (ie, those approved by Local Pharmaceutical Committees or Area Pharmaceutical Committees) any person transporting dispensed medicine from a pharmacist to the patient (or the patient's representative) be deemed to be an agent of the patient rather than of the pharmacist.

After further consideration of the resolution adopted at the PSNC Conference on October 2 it was decided that after each triennial election of the NPA board, the NPA should nominate its PSNC representatives for three years and that PSNC be informed that the period of service of the existing nominees had been

extended for the balance of the term of office of the present board.

It was decided that members would be advised to arrange for the destruction of Nepenthe more than two years old and the NPA would approach Evans Medical Ltd to suggest that the product be discontinued altogether.

After a lengthy discussion of the pros and cons of gift vouchers it was decided not to proceed with a suggestion that NPA members be encouraged to support an existing chemists' gift voucher scheme. The office would, however, again look at the possibility of an NPA gift voucher.

## Booklet on OTC medicines for the public

A booklet "How to buy medicines without prescription" (£0.35) has been published by Lapidary Publications, 84 High Street, Broadstairs, Kent. Written by Peter Cooper FPS, the booklet gives advice to the general public on analgesics, indigestion and sickness remedies, laxatives and diarrhoea remedies as well as general safety precautions for medicines such as checking with the pharmacist at the time of purchase on the compatibility of the product with prescribed medicines.

Mr Cooper emphasises that the pharmacist can be relied upon to give advice on medicines.

The National Pharmaceutical Association will not be marketing the booklet. They say experience has shown that pharmacists are not too happy about displaying booklets as they take up valuable space. Also the board felt that the information might be better coming directly from the pharmacist and the price compared unfavourably with the Family Doctor booklets.

## New NI contributions

New national insurance contributions for April 1978, when the earnings-related pension scheme starts, were announced last week by Mr Stanley Orme, Minister for Social Security.

For employees not contracted out of the state scheme the standard Class 1 rates will rise from 5.75 per cent to 6.5 per cent for employees, and from 8.75 per cent to 10 per cent for employers. The lower earnings limit for Class 1 contributions is to be increased from £15 to £17.50 a week, the current level of the basic retirement pension, and the upper earnings limit from £105 to £120 (about seven times the pension rate).

Where employees are contracted out the contribution rates will be reduced. On the first £17.50 of weekly earnings the rates will be as for other employees but between that limit and the upper earning limit the rates will be 4 per cent for employees and 5.5 per cent for employers.

The self-employed will not come within the scope of the new earnings-related pension scheme and their contributions have been adjusted to take account of this. Initially, they will pay a Class 2 contribution of £1.90 a week, in place of the present £2.66 (£2.55 for women), and a Class 4 contribution of 5 per cent on annual profits between £2,000 and £6,250 a year, in place of the present 8 per cent between £1,750 and £5,500. It is expected that the level would be held for the first five years of the new scheme, apart from changes to Class 2 and Class 4. Class 3 (voluntary) contributions are to be reduced from £2.45 to £1.80.

## October sales up 13 pc

Retail sales by chemists and photographic dealers were 13 per cent higher during October than in the same month last year, according to Department of Industry figures. The new sales index for all chemists was 228 (1971=100) while that of all types of business was 237, an increase of 13 per cent. Independent chemists' sales rose 10 per cent to an index of 189, independent retailers generally had a 10 per cent increase to 207. NHS receipts are excluded.

## PSI reminder

Reports have been received by the Pharmaceutical Society of Ireland Council that a number of pharmacists who are employed by companies to manage and conduct pharmacies are being subjected to pressure from the non-qualified owners to deviate from necessary standards of practice in the interests of commercial gain.

A pharmacist-in-charge is professionally responsible for all pharmaceutical activities: the dispensing of prescriptions; the sale of medicines and poisons; the maintenance of forensic records; the storage of medicines and consultations with the medical profession. In certain circumstances he may have to decide that a particular medicine should not be supplied.

Employment as sole pharmacist should not be accepted unless there is an assurance from the employers that there will be no interference in the pharmaceutical responsibilities of the post. This does not mean that arrangements cannot be made to delegate certain commercial or trading functions to non-pharmaceutical personnel. Any pharmacist who is experiencing difficulty should contact the Society, c/o registrar and secretary, 18 Shrewsbury Road, Dublin, 4.



# Letters

## Pharmacy's objectives

I recommend confused contractors to read the *C&D* letter November 26 p825 where the secretary of City and East London LPC gives an excellent summary of the October conference. Two months have passed, and the PSNC has either gone off on holiday or is lost in the corridors of power in Westminster!

Claims of £3000 pa increases in salary for journalists on the *Daily Mirror* makes miners, electricians, firemen and others appear Sunday school boys. Pharmacists' claims are not in the same league—£3 to £5 million is pathetic after a £11m cut in the balance sheet. More is written off as errors by civil servants in payments on Social Security benefits. Local government considers £30m additional payments to councillors for attending meetings peanuts compared with the total expenditure!

Our objectives must be stated—even Mr Worby cannot rule that "out of order"! The qualification factor must be rewarded. The availability and excessive "non-social" hours worked must be accounted for. We must be paid 100 per cent NHS time, not some statistical fraction for the Department's benefit. The net profit allowed by the Government quoted in Parliament as over 7p per prescription must be implemented now without further discussions and back dated to recover previous losses to set against the £11m cut in the balance sheet. The present net profit of around 5p per prescription is a farce.

### Neon sign poverty

The problem of pleading poverty to the public, while large well-stocked city centre company premises neon sign the obvious opposite, must be faced. The last remaining essential pharmacy in a country village is at the other end of the scale and, as far as a reasonable distribution of pharmacies is concerned, more important than duplicated High Street premises. It may be necessary to divorce totally NHS dispensing to separate premises and dismantle the Companies Act as allowed in pharmacy today. Until this is seen to be fair, it is understandable that the public is confused when we quote the closure rate of one per working day. They see shares on the stock exchange rising and no reason to inflate them further by NHS payments. The fact that in many cases the dispensing department is a loss leader hoping for spin-off counter business is not known by the public or argued by our negotiators.

To argue that the PSNC should become a union to escape consequences of the law

of this country is immoral and unethical. It is a disgrace that there should be divisions in law between unions and the rest of the population. It is one form of elitism which is indefensible and the PSNC should not waste its energies in that direction.

The Minister should not be allowed to argue that the closures are our own fault because of the differential on-cost issue. It is new outside money that is required. There is nothing left to redistribute.

Efficiency and economies of scale resulting in profit should not be clawed back by the Department. Hard work merits reward. The discounting of payments must be abolished.

Our excellent head of publicity asked that we should state our case and I would start with the above and hope that others might follow.

R. N. Thomas  
Holyhead

## Effective leadership

I have just re-read your leader of October 1, in which you were "unable to contemplate" one of the two possible outcomes of the October 2 Local Pharmaceutical Committee conference. This was "disunity coupled with frustration on the floor of the meeting, resulting in contractors finding themselves effectively leaderless and unrepresented at the end of the day". We are now in precisely the position you so accurately foresaw.

We perhaps have an opportunity to begin to provide ourselves with an effective leadership in the forthcoming LPC elections. It is imperative that future negotiations for a new contract be conducted by representatives who understand our situation and are capable of resolute action on our behalf.

In my view our present difficulties all stem from the 1964 contract, which gave the Secretary of State the power to impose any "settlement" he chose, without our having any right to arbitration, or any effective action we could take in riposte. Our representatives have gone into every negotiation "naked and unarmed". As Mr Urwin says (*C&D* October 22, p637 "the negotiating committee has used every bit of logic, every reasoned argument and provided first class accountancy—in fact everything a responsible negotiating body can do—all to no avail." On every issue they are faced by unilateral action by the Secretary of State which, time after time they have accepted "reluctantly".

Yet, in fact, we have a powerful weapon to hand if our leaders have the resolution to take it up and use it. It is the surcharge on prescription charges described, with apparent approval, by Mr Worby himself (*C&D*, September 17, p377). This is not "industrial action", nor even "sanctions". It is simply unilateral action of the kind which the Secretary of State has used successfully for thirteen years. Surely it is time we realised that what is unilateral action for the goose is unilateral action for the gander.

A new negotiating committee should

immediately apply for a certificate of registration, thereby acquiring the legal immunities of a trade union. This has already been done by the BMA, and other professional bodies. It should declare unequivocally its intention to raise our remuneration to a fairer level, which may be expressed as 26 per cent of capital employed, or by some other equivalent formula. It should, by positive leadership, enlist the support of the majority of the profession, including the company chemists, for any action needed to attain this objective. This includes a firm intention to take unilateral action if all attempts to obtain satisfaction by negotiation fail.

The benefits of such a policy, if successful, go far beyond the present negotiations on remuneration. We must not forget the doctrine of "the fleet in being". If the negotiating committee is seen to be armed it can pursue the negotiations for a new contract with some hope of success. It may not have to fire a shot in anger if the Ministry negotiators know it to be armed and resolute and not the sitting duck which has always faced them in the past.

The only positive alternative I see is to work through ASTMS. But the key to success is unity, and I am sure that this can be more easily achieved by a virile negotiating committee than by any organisation based outside our own ranks.

H. Moor  
Staffs.

## News in brief

□ Chemist contractors in England and Wales dispensed, during September, 24, 287,091 prescriptions (14,853,393 forms) at a cost of £47,645,819 representing an average cost per prescription of £1.96.

□ The number of applications for a pharmacy course in 1978 through the Universities Central Council on Admissions had increased by mid-November by over 5 per cent on the same period last year, although the proportion to total applications was little changed.

□ We have been asked to point out that Mr R. Shah, proprietor of Auckland Pharmacy, Ballards Lane, London N12 (*C&D*, November 19, p776) originally owned a pharmacy of that name at 96 Camden Road, London NW1, and transferred the name upon moving. The Camden Road premises are now owned by Mr S. G. Hakim, MPS. The shopfitting feature refers entirely to the Ballards Lane premises.

□ The 1977 Glaxo Fellowships for British Science Writers (£1,000) have been awarded in the UK to Mr Nicholas Valery (transport and motor industry correspondent, *The Economist*) for the best article or series of articles on a science subject and to Mr Anthony Smith (author and freelance broadcaster) for the best script, radio or television programmes on a science subject.



# Company News

## Glaxo-Sants dispute to go to Prices Department

As the latest development in the long-standing dispute between Sants Pharmaceutical Distributors Ltd and Glaxo Holdings Ltd (*C&D*, December 18, 1976, p828), Sants are to request the Secretary for Prices and Consumer Protection to initiate an investigation. They are also asking their shareholders and staff to write to their MPs to support the request.

In a statement to shareholders, the chairman, Mr B. S. Phillips, says that so far the Office of Fair Trading has refused to use its powers to refer the matter to the Monopolies Commission on the grounds of insufficient evidence of abuse of monopoly powers. However, in recent months the company has submitted new evidence which is believed to be sufficient, and Mr R. B. Cant, MP for Basford and Stoke Central, has written to the Secretary for Prices and Consumer Protection, asking him to intervene.

In the year to June 30, Sants' pre-tax profit was £8,927 on external sales of £1.17m plus a non-trading profit on the sale of the assets of Browns Chemists (Stoke-on-Trent) Ltd.

Glaxo Holdings Ltd have sold for cash all the shares in Murphy Chemical Ltd to Dalgety UK Ltd. At June 30, the capital employed by Murphy was about £3m.

Murphy is engaged in the formulation, packing and distribution of agricultural pesticidal chemicals in the UK and abroad. It is intended to continue and expand the existing business from the present headquarters in Wheathampstead, Herts, and the company will be maintained as a separate accountable entity within the Dalgety chemical division. Murphy was acquired by Glaxo in 1955 and now employs about 300.

## Guinness Peat Group bid for Willows Francis

An agreed bid of £1.5m has been made by Guinness Peat Group Ltd for Willows Francis Ltd. The terms, which are recommended by the Willows Francis board are either £1.08 cash or 52 Guinness Peat shares for 100 Willows Francis shares. The deal is stated to double the pharmaceutical manufacturing interests of Guinness Peat.

Mr G. A. Whittaker, a director of Guinness Peat, said that Willows Francis's veterinary interests would be complementary to existing GP activities, and that it was hoped to "take Willows in to Africa and possibly South America". Last



Mr E. J. Bowler (see appointments)

year the pre-tax profit of Willows Francis was £343,000, compared with £261,000 in 1976 and a loss of £39,000 in 1975.

## Paterson Zochonis make "very satisfactory progress"

Speaking at the annual meeting, Mr J. B. Zochonis, chairman of Paterson Zochonis & Co Ltd, said that returns so far in the current year indicated a satisfactory improvement in turnover but, due to more competitive trading conditions, margins had been somewhat under pressure making the results roughly comparable with those for the same period last year.

He reported that over £3m had been spent on re-equipment at the two UK subsidiaries, Cussons and Odex Racasan. While causing some short-term disruption, this would lead to higher earnings in the future.

## Sangers profit down 33pc in half year

In the half year to August 31 turnover of Sangers Group Ltd rose 10 per cent to £44.9m, but the pre-tax profit fell 33 per cent to £0.82m. The chairman, Mr Hugh Nicholson, says that the increase in turnover did not keep pace with inflation, mainly due to a drop in sales of photographic products. In pharmaceutical products there was a small volume increase in turnover, but some of this was at lower gross margins.

Overheads had, in general, risen with inflation, and there had been an exceptional increase of about £100,000 due to special costs in Northern Ireland and the company's diversification into optics. The chairman said no significant change was expected in the level of profits for the second half of the year compared with the first half.

## Unilever in merger talks with National Starch

In a move to extend their interests in the USA, Unilever are engaged in preliminary discussions with National Starch and Chemical Corporation with a view to a merger or take-over. No figures have yet been disclosed, but it is estimated that a complete take-over of National Starch would cost between \$300m and \$450m.

National Starch's main products are starches, adhesives, resins and other chemicals, and sales are currently about \$375m a year, about 35 per cent of which are outside the USA. The company has over 3,700 employees. Unilever's sales in the USA and Canada in 1976 amounted to \$873m.

## Speywood Laboratories take over Irish company

Speywood Laboratories Ltd, have recently acquired Cardio Technology Ltd, Dublin, manufacturers of the Cardio-Pad disposable pre-gelled ECG electrode and cable systems. Mr David R. Williams, BPharm, MPS, has been appointed managing director.

All inquiries for Cardio Technology products should be sent to the Speywood Laboratories address at Chancel House, East Street, Bingham, Nottingham NG13 8DR (telephone Bingham (0949) 38665).

### Briefly

**Agfa-Gevaert of America** have acquired the Low & Wolf X-ray divisions of IPCO Hospital Supply Corporation for about \$35.2m.

**3M United Kingdom Ltd** are moving their head office to 3M House, PO Box 1, Bracknell, Berkshire RG12 1JU (telephone Bracknell (0344) 26726).

**Bioglan Laboratories Ltd** are moving to the following address on December 19: Spirella Building, Bridge Road, Letchworth, Herts SG6 4ET (telephone Letchworth (046 26) 74644).

**Wyeth Laboratories** announce that, following the transfer of Havant telephones to the Portsmouth exchange, their number is now 0705 48-3611. Outside office hours the Ansafone service is available on 0705 47-1861.

**Mentholatum Co Ltd** are moving on December 12 to Longfield Road, Twyford, Berkshire (telephone Twyford (0734) 340117, telex 847957). Steady expansion has made it necessary to move from the site on Slough Trading Estate the company occupied in 1924.

### Appointments

**Wellcome Foundation:** Mr E. J. Bowler, MPS, general manager of the UK medical and consumer division, is now additionally responsible for the veterinary and agricultural division (UK), the industrial and pesticides division (UK), the medical department (UK) and Wellcome Ireland. He joined the company 13 years ago.



# Market News

## Quinine salts fall

London, December 7: The rates for various quinine salts have now eased off their peak levels established in the summer. As an example the sulphate is down by about £3 kg at £85.50. Ferrous sulphate and iodoform have been marked up but elsewhere in pharmaceutical chemicals prices were unchanged during the week.

There was a little more interest shown in the essential oil sector but buying was still at a low ebb. Some Chinese essential oils were firmer in the forward position including spearmint and eucalyptus.

Brazil peppermint and Ceylon citronella were marginally dearer for shipment while clove leaf continued to weaken.

Among spices ginger remains firm from all sources. The recent cyclone in India has caused rates to harden for most items whilst an assessment of the resultant damage is obtained. Apart from Cochin ginger, turmeric and coriander, seeds were dearer. Brazilian menthol was down on the spot although forward prices were unchanged. The level of trading in botanicals differed little from previous weeks. There was a sharp rise in cherry bark prices. Also dearer were cascara, hydrastis and Peru balsam. Easier were Cape aloes and buchu.

## Pharmaceutical chemicals

Aspirin: 10-ton lots £1.31 kg; 1-ton £1.39.  
Bromides: Crystals £ per metric ton.

	Under 50-kg	50-kg	1,000-kg
Ammonium	1,090	932	874
Potassium*	1,010	853	816
Sodium	990	839	802

\* Powder plus £43 kg

**Brucine sulphate:** £45.00 kg  
**Calamine:** BP £618 per 1,000 kg delivered.  
**Calcium carbonate:** BP light £135 metric ton.  
**Calcium chloride:** BP anhydrous 96/98% £0.93 kg in 50 kg lots of powder; granular £0.95; hexahydrate crystals BP 1968 £0.68.  
**Calcium gluconate:** £1,420 per metric ton.  
**Calcium lactate:** 100-kg lots £1.35 kg.  
**Calcium pantothenate:** £7.29 in 25-kg lots.  
**Cantharidin:** 100-g lots £1.30 per g.  
**Carbon tetrachloride:** BP 5-ton lots in 290-kg drums, £253 per metric ton.  
**Carotene:** Suspension £30.95 kg; 5-kg £29.95 kg  
**Chloral hydrate:** 50-kg lots £1.43 kg.  
**Chloroform:** BP £423 to £445 per metric ton according to drum size. In 2-litre bottle £2.48 each; 500-ml bottle £1.00 each.  
**Choline:** (500-kg lots) bitartrate £2.25 kg; dihydrogen citrate £2.40.  
**Cinchocaine:** Base (5-kg lots) £73.18 kg; hydrochloride £69.89.  
**Citric acid:** BP granular hydrous per metric ton single deliveries, hydrous £739; anhydrous £794; five-ton contracts £735 and £790 respectively. Crystalline £171.17 and £170.17 respectively.  
**Dextromethorphan:** £156.20 kg; £155.20 kg in 5-kg.  
**Dihydrocodeine bitartrate:** £535 kg in 20-kg lots. Subject to Misuse of Drugs Regulations.  
**Ephedrine:** (Per kg in 50-kg lots) hydrochloride £16.40; to £18 as to makes; sulphate £18.  
**Ferric ammonium citrate:** BP £1.45 kg in 250-kg  
**Ferric citrate:** £2.75 kg in 250 kg lots.  
**Ferrous carbonate:** BPC 1959 saccharated £1.50 kg (50-kg lots).  
**Ferrous fumarate:** BP £1.75 kg in 50-kg lots.  
**Ferrous gluconate:** £1,860 per metric ton.  
**Ferrous succinate:** BP £4.50 kg (50-kg lots).

**Ferrous sulphate:** BP/EP small crystals £500 metric ton; dried £500 metric ton.  
**Glucose:** (Per metric ton in 10-ton lots)—monohydrate £195; anhydrous £445; liquid 43° Baumé £200 (5-drum lots); naked 14-tons £160 ton.  
**Glycerin:** In 250-kg returnable drums £613 metric ton in 5-ton lots.  
**Iodoform:** US NF £11 kg in 50-kg lots.  
**Magnesium carbonate:** BP per metric ton—heavy £550; light £430.  
**Magnesium chloride:** BP crystals £0.68 kg for 50-kg lots.  
**Magnesium dihydrogen phosphate:** Pure £1.8709 kg in 50 kg lots.  
**Magnesium hydroxide:** (metric ton) BPC light £1,190; 28 per cent paste £410.  
**Magnesium oxide:** BP per metric ton, heavy £1,350; light £1,190.  
**Magnesium sulphate:** BP £116.70-£124; metric ton commercial £103.50-£106; exsiccated BP £237.40.  
**Magnesium trisilicate:** £1 kg (metric ton lots); £1.20 kg (500 kg lots).  
**Mercury:** BPC redistilled £7.10 kg in kg lots.  
**Mercurials:** Per kg in 50-kg lots; ammoniated £7.48; oxide—red £8.82 and yellow £8.54; perchloride £6.14; subchloride £7.82, iodide £8.10.  
**Mersalyl:** Acid £30.50 kg in 10-kg lots.  
**Methadone hydrochloride:** Subject to Misuse of Drugs Regulations, £1.33 per 5-g.  
**Methyl salicylate:** 5-ton lots £1.16 kg; 1-ton £1.20.  
**Metol:** Photo grade per kg, 50-kg lots £5.64; 250-kg £5.46.  
**Opiates:** (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations—Codeine alkaloid £541 to £653 as to maker; hydrochloride £488-£562; phosphate £413-£499; sulphate £562. Diamorphine alkaloid £764; hydrochloride £696. Ethylmorphine hydrochloride £527-£639. Morphine alkaloid £596-£722, hydrochloride and sulphate £488-£589.  
**Papaveretum:** £390 kg; 5-kg lots £355 kg. Subject to Misuse of Drugs Regulations.  
**Paracetamol:** (Per kg) 50-ton contracts from £2.80; spot, 10-ton £2.88; 1-ton £3. Premiums for direct compression £0.13 kg.  
**Quinine:** (50-kg lots per kg) Alkaloid £100; bisulphate £73.50; dihydrochloride £95; hydrochloride £92; sulphate £85.50.  
**Saccharin:** BP in 250-kg lots £4.20 kg; sodium £3.69.  
**Salicylic acid:** 5-ton lot £1.07 kg; 1 ton £1.08.  
**Sorbitol:** Powder £500 metric ton; syrup £250.  
**Stilboestrol:** BP in 25-kg lots, £115.50 kg.  
**Zinc acetate:** £1.08 kg in 50-kg lots.  
**Zinc chloride:** Granular 96/98 per cent £420 metric ton, delivered

## Crude drugs

**Balsams:** (kg) Canada: steady at £11.30 spot; £11.20 cif. **Copaiba:** £2 spot; £1.90 cif. **Peru:** £6.15 spot nominal; £6, cif. **Tolu:** £4.30 spot.  
**Belladonna:** (metric ton) Leaves £2.10 kg spot; £2 cif. Herb and root. No offers.  
**Benzoin:** Block £103 cwt spot; £102 cif.  
**Buchu:** Rounds £2.10 kg spot; £1.97 cif.  
**Camphor:** Natural powder £5.25 kg spot; shipment £5.25 cif.  
**Cardamom:** Alleppy green £6 kg. cif.  
**Cascara:** £990 metric ton spot; £980 cif.  
**Cherry bark:** spot £1,000 metric ton; £960 cif new.  
**Hydrastis:** (kg) £10.20 spot; £10.10 cif.  
**Ipecacuanha:** (kg) Costa Rica £10 cif.  
**Kola nuts:** £420 metric ton, cif, nominal.  
**Lanolin:** BP in 1-metric-ton lots £0.92 per kg.  
**Lemon peel:** Unextracted £1,550 metric ton spot; shipment £1,500, cif.  
**Liquorice root:** Chinese £400 metric ton cif. Russian £350 spot; £340 cif, new crop. Block juice £147 per 100-kg spot. Iranian spray-dried £1.65.  
**Mexican 15%:** £1.65, cif, nominal.  
**Lobelia:** American £1,210 metric ton spot; European £1,100 spot; £1,080, cif, shipment.  
**Lycopodium:** Russian £5.20 kg. cif. Indian £4.50 spot.  
**Mace:** Grenada unsorted £2,150 ton, fob.  
**Menthol:** (kg) Brazilian £9.30 spot; £9.20 cif. Chinese £9.50 in bond; £9 cif.  
**Nutmeg:** (per ton, fob) Grenada 80's £1,650, unsorted £1,490; defectives £1,250.  
**Nux Vomica:** No spot; forward £250 metric ton, cif.  
**Pepper:** (ton) Lampong black £1,420 spot; £1,300, cif. White £1,920 spot; £1,800, cif.  
**Podophyllum:** Root £850 metric ton, cif, nominal.  
**Quillaia:** Spot £1.15 kg; £0.95, cif.  
**Rhubarb:** Chinese rounds 60 per cent pinky £4.00 kg, cif.  
**Saffron:** No offers.  
**Sarsaparilla:** Mexican £1.70 kg. cif; no spot. Jamaican £1.85 spot; £1.82, cif.  
**Seeds:** (metric ton, cif) **Anise:** China star £8.40 nominal. **Caraway:** Dutch £900. **Celery:** Indian £780. **Coriander:** Moroccan £680 (Dec-Jan); Indian £530. **Cumin:** Egyptian £1,030; Turkish £1,040 Iranian £1,100 **Dill:** £180. **Maw:** £550.  
**Senega:** (kg) Canadian old crop £13.40 spot; new crop £13, cif.  
**Senna:** (kg) Alexandria pods, hand-picked scarce at form £2, hp, upwards; manufacturing £0.65. Tinnevely leaves No. 3, £0.27; pods: faq £0.27 hand-picked £0.40 ex warehouse.  
**Squill:** Italian new crop £650 metric ton, cif. Indian £240, cif.  
**Styrax:** Turkish natural £4.30 kg spot, £4.20, cif.  
**Tonquin beans:** £4.30 kg spot, no shipment offers.  
**Turmeric:** Madras finger £690 ton spot; £550, new-crop £550 cif.  
**Valerian:** Pakistan root £1,280 metric ton spot; £1,250 forward; European £2,000; £1,950 forward.  
**Witchhazel leaves:** Spot £2.70 kg; £2.65, cif.

## Essential oils

**Camphor white:** £0.85 kg spot; £0.90 cif.  
**Citronella:** Ceylon £1.32 kg spot; £1.30, cif. Chinese £2.20 spot; £2.37 cif.  
**Clove:** Madagascar leaf, £2.20 kg spot; and cif. English-distilled £48-£50 nominal.  
**Eucalyptus:** Chinese £2.05 kg spot; £2.25, cif.  
**Peppermint:** (kg) Arvensis—Brazilian £4.80 spot; Shipment £4.80, cif. Chinese £4.75 spot and cif. Piperata, American Far-West from £25, cif.  
**Spearmint:** (kg) American Far-West £16. Chinese spot £13, shipment £12.90, cif, nominal.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

# Coming events

## Monday, December 12

**Enfield Pharmacists Association.** Postgraduate medical centre, Chase Farm Hospital, Enfield, 7.45 pm. Mr F. Bayford on "All points of the ..."

## Nottingham Branch, Pharmaceutical Society,

Postgraduate medical centre, City Hospital, Hucknall Road, Nottingham, 8 pm. Dr E. J. Hiller (consultant paediatrician) on "The treatment of children's diseases."

## Southampton Branch, Pharmaceutical Society,

Postgraduate medical centre, Southampton General Hospital, Tremona Road, Southampton, 8 pm. Buffet supper and illustrated talk by Mr N. Barker about Australia.

## Tuesday, December 13

**Bedfordshire Branch, Pharmaceutical Society,** Old Moat House, Moat Lane, Luton, Christmas party.

**Croydon Galen Group,** Friends meeting house, Park Lane, Croydon, 7.30 pm. Christmas party.

## Fife Branch, Pharmaceutical Society, Ollerton Hotel,

Kirkcaldy, 7.45 pm. Dr D. N. Laurie (consultant physician) on "Management of acute myocardial infarction."

## North Staffordshire Branch, National Pharmaceutical

Association, Medical Institute, Hartshill, Stoke-on-Trent 8 pm Mr T. P. Astill (deputy secretary, NPA) on "You, your workers and the law."

## Thursday, December 15

**Glasgow and West of Scotland Branch, Pharmaceutical Society,** Staff club music room, University centre, University of Strathclyde, 8 pm. Wine and cheese.

**Harrogate Branch, Pharmaceutical Society,** Postgraduate centre, Harrogate General Hospital, 8 pm. Dr W. Downie on "Aspects of drug treatment in arthritis" followed by Sterling Winthrop sponsored supper.

## Area officers' association

An Association of Area Pharmaceutical Officers has been formed to promote cross-regional contacts at area level. All area pharmaceutical officers in England and Wales are eligible to join (initial subscription £2). A committee, with representatives from most regions, has been appointed and occasional meetings will be held to conduct the business of the association and discuss topics of specific interest to area pharmaceutical officers. Mr K. I. Muirs, Cedar Building, Horton Road, Gloucester is the secretary/treasurer.

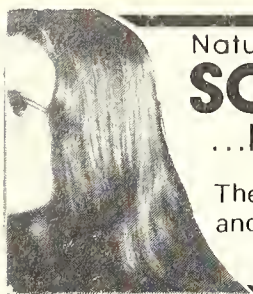
## Westminster Report

## Medical Bill in Lords

Moving the second reading of the Medical Bill in the Lords, Lord Wells-Pestell said that among its provisions was the termination of the agreement with the Eire Government under which doctors and educational bodies in Eire are at present represented on the General Medical Council, and the Council has the right to supervise medical education in the Republic.

The Bill was read a second time with support from both sides of the House, though some Conservative speakers thought it was too limited in scope.





Natural Astringent Witch Hazel Shampoo

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**SALES-PURCHASING** position botanicals company. Background botanicals or chemicals. Self-starter, administrative experience. Knowledge of importing, ability work with others and numbers. Keep within budget. Herbs, spices, gums, colloids, shellac glaze, and extracts. Relocate West Coast of United States. Box No. 2503.

### For Sale

**SINGLE EDGE BLADES (E.R. TYPE).** Packs of 100 £4.50 inc. V.A.T. Post free. Free sample on request. Cheque with order. Gordon Chemists, 2b Crickwood Lane, London, NW2 1EX.

### Shopfitting

**CHROMIUM, CRYSTAL DISPLAY COUNTERS, ISLAND DISPLAY UNITS, SHOWCASES, WINDOW FITTINGS, COMPLETE SHELVEING SYSTEMS** with or without canopy lighting. Prompt delivery direct from the makers. See our showroom or invite us to call without obligation for instant quote. THIRSK SHOPFITTINGS, 741-743 Garratt Lane, London SW17 0DP. Tel.: 01-946 2291 (4 lines).

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These are just some of the findings of a research study into the Trade Press commissioned by Benn Publications Limited, publishers of more than sixty trade, technical and business magazines and directories.



As well as chief executives, we talked to company marketing directors and advertising agents. Some new and surprising facts and opinions emerged, which emphasise the need for a fresh look at company advertising objectives in relation to the decision makers who read the Trade Press.

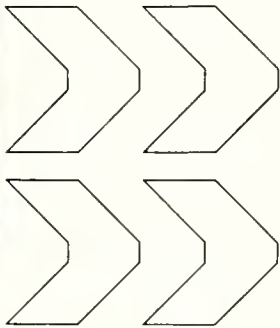
We've published the findings of this research in a 32-page colour report called 'The Trade Press in Britain'.

If you'd like to read all about it, write for a complimentary copy to the Marketing Services Department, Benn Publications Limited, 25 New Street Square, London EC4A 3JA.

Please send a complimentary copy of 'The Trade Press in Britain'.

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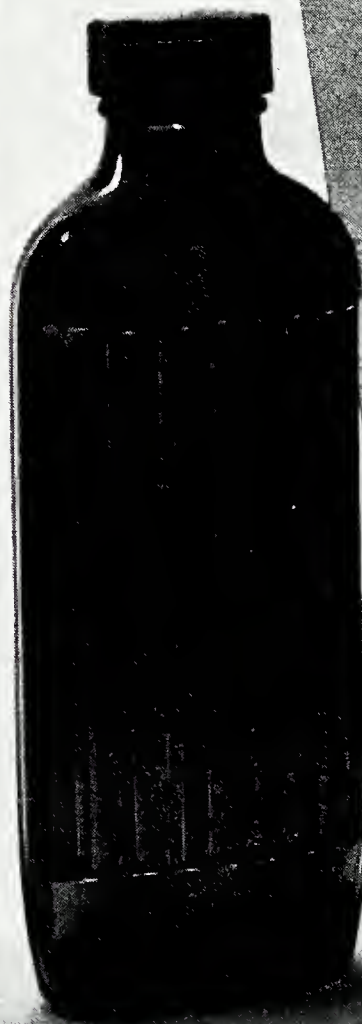
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